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I hereby certify that this correspondence is being electronically transmitted to the United States Patent and Trademark Office, Commissioner for Patents, via the EFS pursuant to 37 C.F.R. §1.8 on the below date:

Date: October 12, 2007 Name: Timothy J. Le Duc, Reg. No. 54,745 Signature: /Timothy J. Le Duc/

Case No. 8627/1398

Client Ref. No. PA-5495-PCT/US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Chris G. Dixon, et al.

Examiner: To Be Assigned

Serial No.: 10/593,949

Group Art No.: To Be Assigned

Filed: September 22, 2006

Confirm. No.: 5444

For: APPARATUS FOR AN IMPROVED HIGH
PRESSURE MEDICINAL DISPENSER

RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS
UNDER 35 U.S.C. 371 IN THE UNITED STATES
DESIGNATED/ELECTED OFFICE (DO/EO/US)

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In accordance with the Notification of Missing Requirements Under 35 U.S.C. 371 in the United States Designated/Elected Office (DO/EO/US) dated August 16, 2007, a copy of which is attached, enclosed herewith for filing are the following documents for the above-referenced patent application:

- ☒ Fully executed Declaration for Patent Application
- ☐ Fully executed Power of Attorney
- ☐ Fully executed Combined Declaration and Power of Attorney
- ☐ Petition for Ext. of Time (37 C.F.R. § 1.136(a)) to File Missing Parts (if by mail, in dup)
- ☒ Other: Transmittal Letter (in dup.)

Applicant is: ☐ small entity (per 37 CFR 1.27) ☒ other than small entity

Fees Associated with Payment:

- ☐ Filing Fee: \$_____
- ☒ Surcharge: \$130.00
- ☐ Addtl. Claim Fees: \$_____ for _____ additional claims
- ☐ Search Fee: \$_____
- ☐ Examination Fee: \$_____
- ☐ App. Size Fee: \$_____ (for each additional 50 sheets that exceeds 100 sheets, including specification and drawings)

Payment Method:

- ☐ Check in the amount of \$_____ is enclosed to cover the fees listed above.
- ☐ Payment by credit card in the amount of \$_____ to cover the fees listed above. Form PTO-2038 is enclosed for this purpose.
- ☒ The Commissioner is hereby authorized to charge \$130.00 to cover the fees listed above to Deposit Account No. 23-1925. If filed by mail, a duplicate copy of this paper is enclosed for this purpose.
- ☒ The Commissioner is hereby authorized to charge any deficiencies in fees or credit overpayment to Deposit Account No. 23-1925. If filed by mail, a duplicate copy of this paper is enclosed for this purpose.

Respectfully submitted,

Dated: October 12, 2007

/Timothy J. Le Duc/
Timothy J. Le Duc, Reg. No. 54,745
Attorney for Applicant(s)

BRINKS HOFER GILSON & LIONE
P.O. BOX 10395
CHICAGO, IL 60610
(312) 321-4200